

# Clinical Engineering North and South Best Value Group

# Annual Report 2025



NPAG is a commercial  
division of the East of  
England Ambulance Service



Lawrence Barker, Facilitator

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# Mission statement



Striving for Excellence  
in Medical Equipment  
Management and to Advance  
the Profession.

## Introduction

Our meetings in 2025 were generally well attended, especially the South Group, but with an increase in interest at the end of the year for both groups. The opportunity to network informally with colleagues and meeting sponsors is always welcome and very much valued by the members. As in previous years, the opportunity for colleagues to join in meetings online, who would otherwise have to travel considerable distances, has led the North Group to hold two meetings on Teams and two in person, which is a good compromise. The South Group continue to prefer face-to-face meetings, which are held in central London.

The highlight of the year is always the annual conference, which brings together both groups and welcomes other managers and leaders, who are attracted by its varied and relevant agenda. The attendance was excellent and the supplier exhibition a great success. It was the second time that the conference had been held at the Radisson Blu Hotel at Stansted Airport, and feedback was very positive. Our theme was 'Development through Innovation', with a wide range of speakers from the NHS, Medical Equipment Manufacturers and Service Providers.

Members have, as in previous years, shared top tips, discussed risk management and shared their expertise, experience and knowledge through the NPAG network, as well as at meetings. Presentations at our meetings have provided a new insight into professional issues, medical devices and services and these have been welcomed with follow up discussions held during the main meetings.

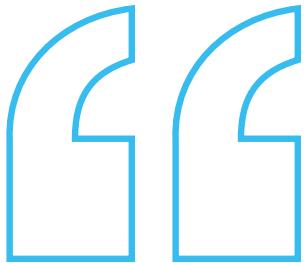
During the year Key Performance Indicators (CEDRIC – Clinical Engineering Department Returns Information Collection) have been refined to reflect current issues, such as development of Virtual Wards and challenges around lack of capital investment. The information provided by members has been collated and made available to the Groups. It is hoped that more data will be provided by members in 2026.

We look forward to 2026, when we hope to welcome more members, who enjoy 3 meetings, plus free attendance at the conference. Non-member Trusts are always welcome to attend on a 'try before you buy' basis to see what happens. The Clinical Engineering Groups share a common agenda and meetings are usually held within a week of each other. This alignment allows the groups to arrive at a common consensus and yet allows for regional variations.

**Lawrence Barker**  
NPAG Clinical Engineering North and South BVG Facilitator

# Chair's View

## Clinical Engineering North BVG



I have benefited from this rewarding role for the past 2 and half years, since June 2023. Working with Lawrence Barker and Marie Cherry to support the NPAG North Clinical Engineering group. I have enjoyed being involved at this level, given opportunities to be an active member of the group, learning best practices, sharing knowledge and supporting each other. I feel this has benefited my role as Deputy Medical Engineering Manager at the Queen

Elizabeth Hospital Birmingham. I have enjoyed roles given such as introducing guest speakers at 2024 and 2025 NPAG Clinical Engineering Conference.

**Mr. Kelly Gilmartin, NPAG Clinical Engineering North BVG Chair 2025**

**Medical Engineering - Deputy Medical Engineering Manager**

**University Hospitals Birmingham NHS Foundation Trust**

## Clinical Engineering South BVG



Being part of the Clinical Engineering NPAG group means you are never delivering your role in isolation. The network provides a strong community of experts who support one another to deliver the role to the highest standard. It enables the sharing of best practice, early awareness of emerging technologies and challenges on the horizon, and helps members prepare proactively for what is coming next. This collaborative approach plays an

important role in continuous professional development. I am deeply grateful for the friendships I have built through the network and look forward to continuing to work with familiar faces, while also welcoming new professionals into the group.

**Maryam Mirjafari, NPAG Clinical Engineering South BVG Chair 2025**

**Deputy Director of Digital-Medical Technology**

**Kingston Hospital NHS Foundation Trust & Hounslow and Richmond Community Hospital**

# Dissemination of Clinical Engineering Information

NPAG maintains a library and register of documents and papers resulting from the work of the groups. Along with the previous minutes of meetings and any presentations linked to them, these are available to new and existing members. Held on the NPAG Teams system, access is easy through NHS Net.

Information is also made available to members of other NPAG Best Value Groups where interests overlap (with the agreement of the originator). For example, medical device networking maybe of interest to the IT and Connectivity Network. Questions asked by members through the NPAG Network are followed up at the next meeting where these are reviewed and responses discussed.

In addition to the documentation available through the NPAG Network and website, the NPAG Teams account is accessible to members and contains an extensive library of sample Job Descriptions, Policies, Risk Assessments and much more. This information has been collated over many years and is an invaluable source of information. All presentation slides, notes and tabled documents are made freely available to members within it. Access is restricted to current members only.

## Networking

Whilst in-person meetings continue to be the preferred method to meet for the South Group, some of the North Group meetings held this year have been via Teams which has enabled members to attend whilst still being available in the workplace for unexpected needs. The North Group, spread out over a considerable geographical area meets twice in person and twice on Teams.

In 2026 meetings 1 and 4 will be on Teams again for the North group. All others will be in person at various venues. Members continue to offer assistance to each other sharing mutual information on working practices and policies.

During meetings relevant discussions are encouraged and an Open Forum agenda item is present for members present to share experiences and solutions to specific issues encountered.

## Meeting 1

Presentations by:

Medical Locations presented by Ian Chell  
Vertaxian presented by Ian Sealey

UHB Defib Dashboard presented by Luke Jeyes

## Meeting 2

Presentations by:

Philips Medical presented by Trevor Zanello

Softpro Medical presented by Saqlain Rajpar

## Meeting 3: Conference

23rd September at Radisson Blu Hotel, Stansted Airport

“Development through Innovation”

The 16th annual Clinical Engineering conference was a fabulous event that gave our members and guests the opportunity to get together and network with each other and a wide variety of manufacturers and suppliers from across the industry.

This year's theme was 'Development through Innovation' and designed to reflect the difficult year Clinical Engineering Departments have faced, with reductions to staffing numbers and operational budgets. Developing our services will require exploring alternatives to traditional equipment lifecycle management, as well as technology to improve efficiency.

We started the day with an address from Professor Richard Scott, who described the challenges currently facing the NHS as a 'Perfect Storm' with a significant health and wellbeing gap affecting a significant minority of the population. Disruptive technology is difficult to manage, while innovation can be stifled by traditional ways of building and marketing devices. Much care is being shifted from hospitals to community settings.

Richard challenged members to become more involved in understanding the data they can provide and the value that can add to organisations understanding of operational cost. He also recommended including a procedure for Introducing New Technology to their Quality Systems and becoming involved with the standards process. Overall sharing best practice is vital as 'a rising tide lifts all ships'.

Our next presentation was introduced by Rob Millard (by video) and Sagreev Chahal from Royal Wolverhampton NHS Trust, which explored their award-winning approach to 'Training the Clinical

Engineering Workforce of Tomorrow'.

Rob described the workforce issues he had faced a few years ago, aging and with no succession plan. This combined with poor candidates for vacancies, or applicants with good academic qualifications but no practical experience led the Department to establish an apprentice scheme in 2017 and appoint a Professional Technical Development Manager. The scheme is highly successful with 8 engineers currently in training, and an AI Apprentice to be recruited next year.

Sag described the structure of the program, which includes a BEng in Electronics, with additional modules in Anatomy and Physiology. Training is mapped to the RCT Matrix and registration is encouraged on completion.

The Department is also reaching out to T Level Students at Telford College to complete workplace placements and create a 'talent pipeline' for the future.

After the refreshment break and a chance to visit the exhibition, we moved onto a fascinating presentation from Michael Wilkening, Vice President Strategy and Business Development at Draeger, on the Digital Eco-System in Acute Care. Michael charted the development in care over the last century and the many significant improvements, while outlining the current challenges.

While dedicated monitoring and associated network capability have served healthcare well, there are many limitations and vested interests. IEE11073, SDC is like network printing, with devices publishing profiles and using each other's capabilities. This will lead to the development of the Internet of Medical Things. An open digital ecosystem will be hardware agnostic with the medical focus on content and application. Sensors will be increasingly wearable with energy sourced from tissue. Monitoring will be a continuum from Acute Care to patient's homes. AI will assist the organisation and prioritisation of information and alarms.

For the final session of the morning, Ed Malone from NHS Supply Chain presented the National Equipment Tracking and Information System (NETIS).

Ed began with an update on NHSSC which is now insourced and fully part of the NHS. The NETIS project came about because of a lack of understanding of numbers of ventilators during Covid at national level. The project aims to upload data from local databases, enriched with information that Supply Chain have about big-ticket items to create a national picture. Each Trust will have access and control requests for access to their information. Go-live is currently scheduled for April 2026.

After lunch the agenda included quick-fire presentations with suggestions for developments and innovation, as well as an update on the New Hospitals Programme:

Smart disposal of equipment from Alex Willis, Hillditch Medical, offers applications that prevent duplication of data entry, improve handling as well as add value by inclusion of device service history. Optimisation of the timing of equipment decommissioning for sale can also significantly increase its selling price.

Nata Zaman, from NHS England, gave a comprehensive overview of the new hospital construction programme, and the huge amount of work that is involved in equipping. It is the largest infrastructure programme in England and has been re-phased to accommodate replacement of hospitals affected by RAAC concrete. Much design includes repeatable exemplar rooms. The hospitals will be completely single bedroom facilities, and much work is being done to prove the distributed call and alarm systems that this will require.

3D Printing in the NHS, by Martin Kirk, Laser Lines, provided a fascinating insight into the rapid advances in this technology. There are 20 systems already installed in the NHS but many centres have yet to realise their full potential.

Evidence Based Medical Equipment Replacement, by Philip Hodzman of ECRI, explored the US model which is data driven. Much attention is focused on alignment of the program to the organisation's strategic objectives, standardisation and lifetime costs. Much benchmarking data is available to support decision making, including the cost of deferring replacement of equipment.

After the prize draw, the Chair drew the day to a close, thanking the Group Chairs, NPAG Staff, Presenters and Sponsors. Above all the Chair thanked the members and guests for attending and making the day a great success.

The conference provided a great opportunity for networking and to explore opportunities for innovation at a difficult time for the profession, and how to equip the future workforce with the right skillsets for the challenges ahead.

## Benchmarking

An important aspect of the group's meetings is sharing data to benchmark performance against similar Trusts. To facilitate this, the groups have developed six Key Performance Indicators (**KPIs**) which enable members to both monitor their department's individual performance (year on year) and compare against each other annually. Data is updated and stored in the Teams files as the year progresses.

Along with performance data, the analysis of each Trust's clinical engineering staffing, budgetary, equipment and other useful supporting data is recorded to facilitate networking and provide additional supporting information for benchmarking.

Many members regard the benchmarking data and analysis one of the major reasons for membership. Benchmarking data can provide useful evidence to use as part of department business cases and internal drives for efficiencies.

# Meeting 4

Presentations by:

**Clearview Endoscopy presented by Keith Lavelle and Mike Turner**

**MTS Health (for IHEEM) presented by Caroline Finlay and Andrew Frost**

## Agenda Format

A typical agenda:

- Review of morning presentations then formal meeting start
- Matters Arising and Routine Reviews:
- NPAGNetwork Review of Questions asked of members
- Information Sharing Updates
- Conference Updating
- Performance - Benchmarking and Key Performance Indicators
- Professional - Technical and Operator training, Apprenticeships, Institutes information, RCT Update
- Open Forum of Cost Savings and other Initiatives - Areas of good practice/problems
- Dates for next meetings and future presentation suggestions

## Meeting Venues

Virtual meetings this year have taken place over Microsoft Teams, in-person meetings have been held:

North meetings: Mercure Haydock Hotel, Penny Lane, Haydock, WA11 9SG which has excellent parking and very quick motorway access.

South meetings: The Royal National Hotel 38-51 Bedford Way, London. Ideal for public transport connections.

## Future Plans

- Software as a Medical Device
- Authorising Engineer (Medical Device Management) & PAM
- Training Best Practice and opportunities
- Updates on new equipment and future trends
- Open forum of cost savings and other initiative
- Areas of good practice/problems
- Networking
- Smart Devices
- IT and Connectivity
- NPAG Network Questions

## Planned Meeting Dates for 2026

The following dates and are planned for 2026:

### **Clinical Engineering North BVG**

- Tuesday 10th March 2026 – MS Teams
- Tuesday 9th June 2026 – Haydock
- Tuesday 22nd September 2026 - National Clinical Engineering Conference
- Tuesday 1st December 2026 - MS Teams

### **Clinical Engineering South BVG**

- Tuesday 3rd March 2026 – London
- Tuesday 2nd June 2026 – London
- Tuesday 22nd September 2025 - National Clinical Engineering Conference
- Tuesday 24th November 2026 - London

# NPAG Developments

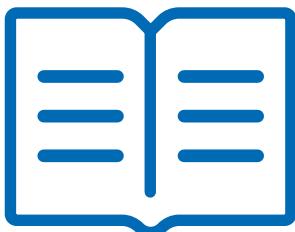


## CPD Certification

The NPAG is a member of the CPD Certification Service. The Clinical Engineering North and South BVG has been awarded for CPD approval for 2026. CPD Certification is a formal recognition of the contribution that membership of the Clinical Engineering North and South BVG makes to members' continued professional/personal development. At the end of the annual round of meetings, members will receive certificates of attendance for all meetings attended during the year to evidence the contribution made as part of lifelong learning.

## NPAG Network

The NPAG Network provides the facility for members to ask questions of any individuals, group or groups within the overall NPAG membership. Questions can be sent to the NPAG Network Coordinator who disseminates them across the NPAG membership. Responses are collated and returned to the originator and others who declare an interest in the question asked.

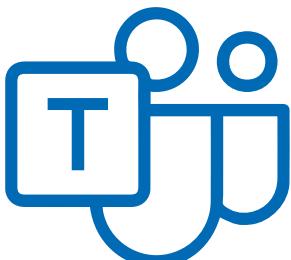


## NPAG Library

The NPAG Library holds presentations from NPAG best value groups and conferences, together with policy and other documents sent in by members. Access to these items is via the NPAG Network Coordinator.

## NPAG Website

The NPAG website includes a private members Area for each of the NPAG BVGs. Through these sites, BVG members can access and download meeting agendas, minutes, presentations and survey forms. The areas are password protected.



## MS Teams

Each BVG member is added to the specific group MS Team allowing the contribution of files, links and documents via the Teams Channels. This is in addition to the above and adds an extra means of communication between meetings and is group led.

# Discounts and Offers

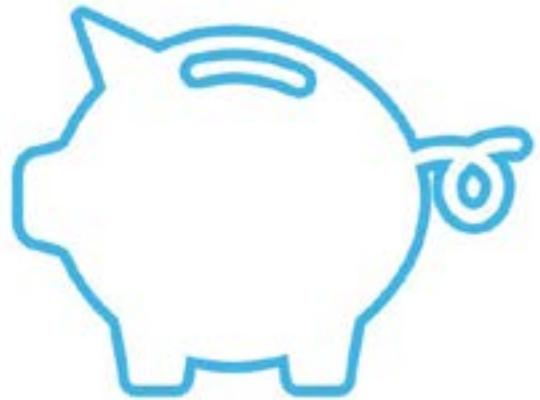
## Members Referral Fee –

### Introduce a friend and receive a discount on your membership.

A member referral resulting in another Trust/Organisation registering for full membership of the same group will result in the referring member qualifying for a 25% contribution from NPAG towards their membership.

The discount applies to the full membership fee only (not applicable to the 2nd member rate). The discount will be applied once, at the start of the current meeting round. Mid round membership referral discounts will be processed at the start of the following year's membership round.

Multiple referrals will result in multiple discounts up to



## Second Club Membership

A **25% discount** will be applied when an existing NPAG member joins an additional Group. This does not apply to the £300 second member rate.

## Introducing our Try Before You Buy\* option

The NPAG Library holds presentations from NPAG best value groups and conferences, together with policy and other documents sent in by members. Access to these items is via the NPAGNetwork Coordinator.

\*Try Before You Buy option is available to new members only. New members must inform NPAG in writing that they wish to 'try before they buy' prior to first meeting attendance. If the new member continues membership beyond the first meeting then the full group membership fee applies.



# NPAG Best Value Groups

NPAG organises and facilitates a national network of Best Value Groups that enables members to share experience, identify good practice; innovation and information to assist individual managers develop their own service improvement action plans.

Facilities (North) BVG	Facilities (South) BVG	Temporary Workforce Network
Clinical Engineering (North) BVG	Health Visiting and School Health Services DN	Operating Theatre Managers BVG
Clinical Engineering (South) BVG	IT and Medical Connectivity Network	EPRR Network
Decontamination BVG	National District Nurses Network	Telecoms
Energy Network	NHS Car Parking and Travel Planning Network	Violence Reduction and Security Management Network
Estates Services BVG	NHS Sustainability Network	Waste Management BVG
NHS Transport and Logistics BPG		

For further information on the NPAG and our future activities, please contact NPAG:  
[info@npag.eastamb.nhs.uk](mailto:info@npag.eastamb.nhs.uk)